

FILL OUT ALL BLANKS.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH		
County <u>COCHISE</u>			BUREAU OF VITAL STATISTICS		
District <u>TOMBSTONE</u>			State Index No. <u>59</u>		
Town <u>TOMBSTONE</u>			County Registered No. <u>302</u>		
Or City <u>TOMBSTONE</u>			Local Registrar's No. _____		
No. <u>BRUCE ST.</u>			St. _____		
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)					
FULL NAME <u>FRED BENNETT, JR.,</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>MALE</u>	Color or Race <input checked="" type="checkbox"/> White Indian <input type="checkbox"/> Black Chinese <input type="checkbox"/> Mexican	*SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED	DATE OF DEATH <u>APRIL 22, 1919</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>NOVEMBER 27, 1910</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>4/15 /19</u> 191 to <u>4/22/19</u> 191; that I last saw him alive on <u>4/22/19</u> 191, and that death occurred on the date stated above at <u>12:00 AM</u> . The DISEASE or INJURY causing death was as follows: <u>BRONCHOPNEUMONIA</u>		
AGE <u>8</u> yrs <u>4</u> mos <u>25</u> days If less than 1 day hrs. or min.			(Duration) yrs. mos. <u>5</u> days.		
OCCUPATION (a) Trade, profession or particular kind of work <u>INFANT</u> (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? <u>YES</u> If not, where? _____		
BIRTHPLACE (State or country) <u>ARIZONA</u>			CONTRIBUTORY <u>EPIDEMIC INFLUENZA</u> (Duration) yrs. mos. <u>10</u> days		
PARENTS	NAME OF FATHER <u>FRED BENNETT, SR.</u>		(Signed) <u>W. H. Reese</u> <u>4/23/19</u> 191 (Address) <u>TOMBSTONE</u>		
	BIRTHPLACE OF FATHER (State or country) <u>TEXAS</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	MAIDEN NAME OF MOTHER <u>DAISY FOURR</u>		LENGTH OF RESIDENCE At place of death <u>5</u> yrs. mos. ds. In Arizona yrs. mos. ds.		
	BIRTHPLACE OF MOTHER (State or country) <u>ARIZONA</u>		Former or Usual Residence Filed <u>4/23/19</u> 191 <u>W. H. Reese</u> Local Registrar		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>FRED BENNETT, SR.</u>					
(Address) <u>TOMBSTONE, ARIZ.</u>					
PLACE OF BURIAL OR REMOVAL <u>TOMBSTONE, AZ</u>			DATE OF BURIAL OR REMOVAL <u>APRIL 22 1919</u>		
UNDERTAKER			ADDRESS		
			County Registrar		